

NOTICE OF HEARING DECISION GENERAL RELIEF

Date:
Case Number:
Date of Hearing:
Hearing Participant(s):

A. REASON FOR PROPOSED ACTION

An initial decision was made to terminate/reduce (circle one) your General Relief payments based on the following:

Explanation: _____

B. GENERAL RELIEF REGULATION NUMBER(S) WHICH SUPPORT THIS PROPOSED ACTION

C. CONTINUANCE

Your hearing has been rescheduled for _____ (date). You are required to provide the following at the hearing:

G Workfare Project Verification (ABP 811) **G** Verification of Employment (ABP 192) **G** Receipt for Work-Related Expenses purchase
G Work Registration Verification (ABP 589) **G** Medical Verification (ABP 1676P) **G** Proof of enrollment in _____
G Proof of Application for SSI **G** Proof of Appl. for SSI Reconsideration **G** Proof of progress in _____
G Rent Receipt **G** Other _____

D. EVIDENCE PRESENTED AT THE HEARING

In addition to the entire case record which was entered into evidence at the hearing, the following occurred at the hearing:

1. Verbal Evidence

Name _____ Relationship to the Case _____

What the person said:

Witness _____ Relationship to the Case _____

What the person said:

2. Written Evidence

a.	DPSS Documents	YES	NO	Date of Document
	PA 1325 entry ()	()	()	_____
	AGCMS 2214 ()	()	()	_____
	ABP 898-16 ()	()	()	_____
	ABP 1676 ()	()	()	_____
	ABP 811 ()	()	()	_____
	_____ ()	()		_____
	_____ ()	()		_____

b.	Other Written Evidence	Date of Document
	_____	_____
	_____	_____
	_____	_____
	_____	_____

E. DECISION OF THE HEARING OFFICER/GROW CASE MANAGER

I have made the following decision regarding the original action:

1. The action is upheld because:
 - a. () You failed to appear at the hearing as scheduled.
 - b. () You did not present information or evidence at the hearing which showed the County action to be incorrect.
2. () This action requires our General Relief grant to be changed effective _____ to \$ _____.
3. () The termination/reduction action is reversed because the information or evidence which you presented at the hearing outweighed the information or evidence presented by the County. Your General Relief will return to the following amount \$ _____.

F. FUTURE APPLICATIONS

1. () If you are still in need of General Relief, you may reapply on _____ (date).
2. () A penalty is being applied because you failed to comply with employable requirements without a good reason. You and your family

are ineligible to General Relief.

The first time you fail to comply, your General Relief will be denied/terminated and you can reapply immediately. The second time you fail to comply, you will be ineligible for 30 days. The third time you fail to comply, you will be ineligible for 60 days.

3. Other _____

G. REVIEW OF REGULATIONS

You have the right to review the specific rules used to determine this decision. If you want to read or obtain copies of the regulation(s) listed in Section B above, ask the Hearing Officer/GROW Case Manager for assistance.

H. COMPLAINT PROCEDURE

If you believe this decision to be incorrect, _____
(NAME)

who may be reached at _____ will review your complaint with you, as
(TEL. NO./EXT)

required by General Relief Regulation 40-108.3.

HEARING OFFICER/GROW CASE MANAGER

DATE

Distribution:

White - GR Recipient
Yellow - Case Record
Pink - GR Recipient

Filing: Active, Employability or GROW Folder
Permanent

Retention: